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## RECENT LITERATURE ON PSYCHOANALYSIS

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By Dr. J. S. VAN TESLAAR

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- I. S. FREUD, Psychoanalytische Bemerkungen über einen autobiographisch beschriebenen Fall von Paranoia (Dementia Paranoides). *Sonderabdruck aus dem Jahrbuch f. psychoanalytische und psychopathologische Forschungen*, III., 1911, 9-68.

A psychoanalytical examination of paranoia would be impossible but for the fact that the patients possess the peculiarity of betraying, at least in some indirect way, exactly those features which lie behind their morbid selves,—while other neurotics instinctively conceal such manifestations. Paranoiacs can not be induced to suppress their internal conflicts; and their utterances and writings furnish material which is particularly valuable for psychoanalysis. Since the paranoiac demands sanatorium treatment, the opportunities for thorough examination of clinical cases are exceedingly rare; and for this reason Freud has chosen, for analysis, a published autobiography of a paranoiac.

This autobiographical record is Schreiber's "*Denkwürdigkeiten eines Nervenkranken*." It appeared in 1903; and although the author's manuscript had been censored and somewhat curtailed, it created quite a stir in German psychiatric circles at the time.

The author, Dr. S., reports that he twice experienced severe nervous breakdowns on account of overwork. His first illness, in 1884, was diagnosed by Flechsig, under whose care he had been for about six months, as a severe form of hypochondria; but at the end of the following year he was held to be completely cured. Nothing particularly abnormal was noted about the subject's mind during this illness.

His second breakdown occurred in 1893, nine years later. In June of that year he was appointed to the presidency of the senate. He occupied the chair on the first of October. In the interim he had had a number of dreams. They are mentioned in his autobiography because he states that he learned later to attach some significance to them. He dreamed of the return of his former illness. Once, upon an early morning, while lying in a state between sleep and waking, he had a very vivid phantasy "*dass es doch eigentlich recht schön sein müsse ein Weib zu sein das dem Beischlaf unterliege*,"—a bit of imagery which was repulsive to his nature and which his mind, in full consciousness, would have rejected with scorn.

The actual breakdown was ushered in, toward the end of October, by sleeplessness. This brought the patient to Flechsig's clinic again, where, in spite of treatment, he grew rapidly worse. He began complaining of brain softening, and felt that he must soon die. In the midst of these hypochondriac notions, ideas of persecution began to occur. These were fortified by a morbid aural and visual sensitivity, at first; and later, by sensory delusions together with high-grade hyperaesthesia. These formed the background for a series of hallucinations of gradually increasing intensity which soon dominated the patient's whole sphere of thought. He was now a raving maniac. He

felt himself dead, his body abused and foully diseased. For hours at a time, the patient would be in a hallucinatory stupor; at other times, he was excited and he even attempted suicide. His incoherent mental wanderings gradually assumed a mystical, religious character. He became the plaything of devils; he communicated with God; he heard holy music; he witnessed supernatural phenomena; and he even believed that he now dwelt in another world.

During all this time he was haunted by people, especially by his former physician, Dr. Flechsig, to whom he scornfully referred, in his delirium, as "little Flechsig" and as "soul murderer."

In June, 1894, the patient was interned at a sanatorium, where he remained under observation for a number of years. The sanatorium physicians had opportunity to observe how his psychosis which had been chiefly hallucinatory, and which at first had involved the whole of his psychic activity in a rather acute form, slowly crystallized into a paranoid condition. At the same time, the field of his morbid thoughts narrowed so that alongside his morbidity his former self arose to reassert itself in many relations. His general mental condition improved so much that in 1899 the sanatorium director admitted that the patient was no longer at a disadvantage psychically or intellectually. Apart from some slight psycho-motor symptoms which might have warned the casual observer that there was something morbid about S., he appeared to be a well-behaved gentleman, of refined manner and speech. He showed wide knowledge and wide reading, not only in matters pertaining to his profession as jurist, but along many other lines of activity. He was greatly interested in scientific questions, in art and politics. His opinions on these matters, or on any aspect of social life, were well-thought-out, and interesting, and their ethical import above suspicion. Whenever delicate situations were approached in conversation, and humor touched dangerous ground, S. knew how to glide tactfully over them, if the presence of ladies required it. His wide knowledge and experience made him an interesting speaker; his memory was excellent. As to his morbidly determined notions, they formed a circumscribed and closed system of ideas, into which the light of objective reason was not allowed to penetrate. This was a feature of the patient's inner life which he could not be induced to bring into relation with reality.

Under the circumstances it is scarcely surprising that S. considered that he was capable of taking care of himself in society at large. He appealed for freedom from sanatorium restraint; and he pleaded his cause with all the cunning and the tact which is characteristic of many paranoiacs.

In the petition demanding his freedom, S. denied neither his morbid delusions nor his intention to publish his "*Denkwürdigkeiten*." On the contrary, he dwelt upon the importance of his unusual experiences for an understanding of mental life; and he pointed out the inability of science to explain them away. As to his hallucinations and delusions, he preferred not to gainsay the testimony of expert physicians concerning them; but he pointed out the harmless nature of the deeds to which they impelled him. He won his case; and in July, 1902, he was freed, although in the decision it was recognized that he was obsessed by the well-known world-savior type of delusion. One year later appeared his "*Denkwürdigkeiten*."

The particular interest of this case lies in the fact that this common delusion was associated with the unusual obsession that, before he can assume the rôle of world-savior and restore to the human race its lost happiness, he must change into a woman. It appears that this change

of sex was not a matter of choice or preference with S.; but on the contrary it was something decreed, fore-ordained,—a fate he could not escape, and with which he thought it would be best to reconcile himself. Already he was part female. He was gradually losing his male and acquiring female characteristics. Numerous female 'nerves' were running through his body. Through their direct impregnation by God he was to become the mother of a new race. Not until then would he be able to leave this world. But the process was slow; it may take years, perhaps centuries, to be rounded out properly.

All this he learned through direct revelation from God. He was also in constant communication with trees and birds. These spoke to him in voices akin to human; they were charmed, metamorphosed souls, perhaps of former human beings, but now inhabitants of another region.

Conservative psychiatry practically exhausts its interest in such cases when it traces their course and appraises the influence of the morbid system of ideas upon the life and future conduct of the patient; but psychoanalysis goes farther. It attempts to find out the actual mode of onset of symptoms, and to explain them by referring them to some fundamental cause. A knowledge of the etiology of other psychoses, and of the neuroses in general, emboldens the psychoanalyst to surmise that even such an intricate series of morbid thoughts and feelings, as is found in this case, is traceable directly to the commonest and most readily understood impulse of our psychic organization; and that after all, there is method even in the madness of a paranoiac. This is what Freud sets out to prove in his analysis of the case; and he bases his findings exclusively upon the patient's own autobiographical record.

The delusion of a metamorphosis into womanhood furnishes Freud with his first clue. Numerous passages in the book indicate that that was indeed the primary insane delusion. The savior idea was added later, and grew in proportions and in interest until it overshadowed the real nucleus of the whole system of morbid thoughts. The patient's own report also shows that the change to womanhood was devised, in the first place, as an act of persecution first by Dr. Flechsig, later by God himself. The voices spoke mockingly about his changing into a woman; they referred to it in words which showed that the change meant sexual degradation and disgrace. He heard himself apostrophized thus: "Are you not ashamed of your wife?" and "nice person to want to be President of the Senate!" Also, in anticipation of his complete change, the voices accosted him, derisively, as "Miss S.!"

Particular stress is laid upon this feature of the case by Freud. He sees in it an important clue. Indeed a foreshadowing of this idea of effeminization may be seen in the half-dreamy phantasy which the patient had experienced during the incubation period of his illness, that is, before he even assumed those heavy duties to which he ascribes his mental breakdown. The subconscious wish, which had led the patient to fancy that it must be very pleasant to be a woman during the act of sexual intercourse, was blended, as early as November, 1895, with the notion that the patient was destined to become the savior of mankind. And after that time he no longer resisted the idea of effeminization, which had originally been the salient motive of his insanity.

The patient's relations to his God constitute another significant feature of his mental condition. They are so intricate, so contradictory, that any one less sanguine than he is on the right track would be tempted to abandon the idea that they may be reduced to order and system. But Freud, emboldened by these very difficulties, proceeds systematically and patiently to analyze every item of the patient's insane

notions concerning ‘nerves,’ which play such an important rôle in his hallucinations, concerning salvation, the divine hierarchy, the properties of his God,—the patient’s whole morbid system of theogonomico-philosophical ideas. He finds the whole to be a curious mixture of the most varied notions, some fanciful, cunning, original, others quite commonplace, but fundamentally alike in their implications. Their sex symbolism is so apparent that it is not difficult to trace the real meaning of each. Sometimes, however, the patient’s morbid representations are not even symbolical. The notion of heavenly bliss, for instance, is dwelt upon in patently sexual terms, “*als ob S.’s Seligkeitsbegriff durch die Verdichtung der zwei Hauptbedeutungen des deutschen Wortes ‘verstorben’ und ‘sinnlich glücklich’ entstanden wäre.*”

Thus, briefly summarized, Freud finds that the patient had formerly been inclined toward sexual asceticism and to scepticism in matters of religion, but had been transmuted, by his illness, into a libidinous individual who entertained God-fearing notions. Moreover, his newly acquired sexual desire assumed a most unusual form; it was a female sex feeling. S. felt himself to be a woman in his relations to God; indeed, in the fancy of his insanity, he was God’s wife.

He insisted that his skin felt smooth and soft to the touch, like a woman’s; and under it, as he pressed lightly with his fingers, he could feel, on any portion of his body, a fine mesh-work of “nerves.” They were “female nerves;” and they were particularly abundant upon the breast region. “*Durch einen auf diese Gebilde auszuübenden Druck,*” writes the patient, “*vermag ich mir, namentlich wenn ich an etwas weibliches denke, eine der weiblichen entsprechende Wollustempfindung zu verschaffen.*” Particularly is this true of the region where the woman’s breasts are found. He also states: “*Das Zeichnen eines weiblichen Hinteren an meinen Körper,—honi soit qui mal y pense,—ist mir so zur Gewohnheit geworden dass ich dies beim Bücken jedesmal fast unwillkürlich tue.*”

Relating this condition to the patient’s dream-phantasy, Freud concludes that the morbid notion of turning into a woman is only the realization of that unbidden phantasy or day-dream. The patient’s conscious self directed itself with revolt against this subconscious wish; and even after his breakdown, he fought against the thought, looked upon the plan as a scheme whereby his enemies plotted to humiliate him. The savior idea, introduced later, was the means of reconciling him to the idea of turning into a woman. This thought brought a new viewpoint into the crisis. The act of effeminization was no longer a degradation; it was God’s wish and accorded with His divine plans,—not with the designs of persecutors who were plotting to commit “soul-murder” upon him.

Freud attempts to prove that the two main conceptions forming the backbone of this paranoiac’s system of ideas,—his turning into a woman, and his peculiar relations to God,—form a coherent religio-psychic system, in which one is the logical corollary of the other. But the real psychoanalytical task, at this stage, is to correlate the two notions genetically; and to trace them, if possible, to some particular fundamental impulse or instinct which governs the ordinary psychic mechanism of man. Freud finds, further, that the patient’s own statements offer all the evidence that is required to settle the origin and significance of the fundamental notions in his system of morbid thoughts. The patient, it will be recalled, is a man of unusual intellect. He is also frank, to the point of bluntness, in the telling of his story. This makes it a comparatively easy task to ferret out the thought-complexes which are responsible for his condition. Often

a quotation, an example, or an illustration used by S. to elucidate one of his insane notions betrays what he actually meant as well as the analyst could have wished. Usually, in such cases, it is only necessary to divest the statements of their prudish negative apparel, as is customary in psychoanalytical work, to take the quotation for the source of the thought, the example for the patient's own thought, and the whole matter becomes at once clear.

Here is a striking example of this technique. Incidentally it justifies, to some extent, this plan of analysis. S. was harassed by what he described as "charmed" or "speaking birds," as has been mentioned already. His insane fancy pictured them as belonging to the ante-courts of Heaven (*"Vorhöfe des Himmels"*). These are metamorphosed human souls whose function it is to serve as messengers. Among the many wonderful qualities ascribed to these birds is that of passivity with reference to the messages they bring him. That is, the birds learn to repeat words in a purely mechanical fashion, without being aware of their meaning. They bring him scornful, mocking, derisive messages without understanding their import. Even birds do not possess an accurate "ear" for sounds; and they frequently confuse similarly sounding words of different meaning. They do not distinguish between such words as "Santiago" and "Kartago," "Chinesentum" and "Jesus Christum," "Abendrot" and "Atemnot," "Ariman" and "Ackerman," etc.

Now, any one who may be disposed to accept the symbolism of which the Freudians make such constant use, would conclude at once that these birds represent young girls. "Chicken-brained" and "geese" are epithets which are sometimes ungallantly applied to girls who think it a mark of culture to employ high-sounding phrases with whose true meaning they are not familiar. Such young women oftentimes betray their ignorance by an inappropriate use of words of different meaning but of similar sound. But one whose attitude towards psychoanalysis is rather sceptical might not be inclined to accept a symbolism which is based upon such slender strands of evidence. The deduction that the birds are girls appears to be rather far-fetched.

It so happens, however, that in this particular instance there can be no doubt as to the justice of the Freudian view. Freud's interpretation is justified by the patient's own statements. The latter writes that, in order to distinguish his frequent bird visitors from one another, he called each by a particular name; and he gave them the names of girls, because, by their coquettish behavior, and in other ways, they reminded him of young girls. These names, in some instances, were approved by God, and thereafter were always applied to the respective birds. The birds, then, were girls; and we find herein a suggestion as to the nature of the "ante-courts of Heaven" with which they were associated in the patient's mind.

Freud finds that an important feature of the patient's malady was not appreciated by his attending physicians at the sanitarium,—namely, the ideas of persecution. In the early part of his illness, S. was a victim of his former physician, Dr. F., who "murdered or was about to murder the patient's soul." The exact nature of this crime is not stated; the portion of the manuscript which gave the details was withheld from publication by the censors. It appears, however, that the crime involved the loss of personality and self-respect.

The soul of his persecutor, for he dealt with the soul not with the earthly person of Dr. F., was polymorphous. At one time

there were as many as forty or sixty divisions or different forms of F.'s soul which tormented S. But of these, only two, the "upper F.," and the "middle F." persisted. It is noteworthy that the patient takes considerable pains to show that he himself distinguishes the polymorphous or bipartite "soul Flechsig" from the living person by that name,—the insane delusion from the real man.

Those who are familiar with psychoanalytic literature will recall the simple formula which has been proposed for the treatment of all manias of persecution. The person to whose hands the patient traces all the strings of the plot is in reality one who, before the breakdown, occupied the center of his emotional outflow, or one who now serves as a substitute for such a person. Under the powerful inhibition or restraint of that emotion, the strength of the emotional tone is perceived in terms of external power; and the emotion is replaced by its opposite as a subterfuge. The former lover or surrogate turns persecutor, and is now hated and feared. The greater the ties of love that bound the patient to him formerly, the greater is the power he now wields over the unhappy patient.

In the case under consideration, it will be recalled that during the prodromal stage of the disease, the patient dreamed a number of times that his former illness had returned. Placing this phenomenon and the patient's day-phantasy side by side, as indeed they co-exist in the patient's own experience, we see that his former illness recalled to mind the physician who had then treated him. The dreams must have owed their meaning to the wish to see Dr. F. again. The sexual phantasy that it would be pleasant to be a woman in the sexual act, must have had Dr. F. for object. The patient's wavering statements require but slight analysis to show that what he really feared and fought against, was sexual misuse by his physician. The subconscious homosexual wish became an act of persecution,—hence, the fear of "soul murder," and the delusion of a soiled, diseased, dead body. These symptoms are tongues of fire which show that the homosexual libido has broken out from within, and is being repressed. Thus interpreted, the symptoms fall into line logically, and almost explain themselves.

But it is not easy to understand why a gentleman's gratitude toward his former physician should change suddenly, eight years later, into a homosexual longing. Perhaps the character and mental calibre of the patient in question add to the difficulty. Freud meets this difficulty with considerations of a general order, whose strength and potency will be estimated differently by different readers. The theory, of course, is that man gravitates between heterosexual and homosexual feelings throughout his life; and that self-denials or disappointments may, particularly at critical periods, precipitate one into either extreme. There are certain facts which seem to indicate that this generalization holds good in the case under consideration. Thus it appears that at the time of his second breakdown, S. was in that critical period of life when the sexual functions of woman undergo marked changes, and when she becomes, largely on that account, peculiarly sensitive. He was fifty-one years of age. Now, since recently-accumulated evidence appears to show that man's sexual functions undergo certain corresponding changes, and that he also becomes, on that account, easily susceptible to certain morbid influences, it would appear, according to Freud, that the difficulties are more apparent than real. Man, as well as woman, passes through a climacteric phase. Therefore it is reasonable to suppose that, during this critical period

he also is subject to those morbid outbreaks which are frequently associated with the change of life in woman.

But some readers may object that notwithstanding all of this, it seems too fanciful to believe that a patient's sympathy or gratitude toward his physician may turn, some years later, into a perverted, morbid attachment, and break out suddenly with so much force as to cause the complete mental disorganization of a personality like S. Freud anticipates this objection, and meets it with the suggestion that possibly the actual relations between physician and patient may mean more to the latter than is usually the case, in fact, a great deal more emotionally than their formal intercourse would imply. It is quite possible, for instance, that the patient sees in his physician the *locum tenens*, the surrogate of a person very close to him, perhaps of a person in whom his whole emotional life was motivated subconsciously. Such transfer processes as these are frequent; they have been traced out in great detail in other morbid conditions. Until such possibilities have been disposed of we are not justified in abandoning the explanation altogether. We are certainly not justified in rejecting any view merely because it appears strange and unusual. It may be that, in the otherwise indifferent person of his former physician, S. was reminded of his father or of a deceased brother, with whom he wished to be in close *rapport*. Unfortunately, there are no data at hand concerning the subject's childhood phantasies and sex repressions. But Freud's persistent search through the book was rewarded by the discovery that the patient's father was, indeed, dead, and that a brother also had died. It is quite clear that the disease had its roots in a homosexual wish or fancy, with the person of Dr. F. for its object. The strong repression that followed, the intense struggle to which it gave rise as the patient's manhood rebelled against the unwelcome thought, took on the form of persecution. The contents of the wish-phantasy furnished the subject of persecution and the person longed for became the persecutor. But perhaps the real person longed for through the medium of F. is indicated by his identification with God, in the later course of the disease. At first this identification sharpened the conflict. With God as persecutor, the conflict naturally became more acute than ever. But somehow there ensued the notion that his turning into a woman was God's way of preparing him to become the progenitor of a new race, and the world's savior. He was no longer to become a woman for the sexual convenience of F., but for a divine purpose; the loss of his manhood, therefore, was no longer a disgrace. This change marked an important turning-point in the course of the disease. His ultimate metamorphosis into a woman, for God's sexual convenience, was shifted far off into the future. He will be a complete woman sometime; but meanwhile the person of Dr. S. was not to be molested, and hence the struggle was abated. He felt himself once more free from oppression. This transmutation of manias of persecution into grandomanias is not uncommon. It is supposed to be a process of rationalization, whereby the patient adapts himself to his new system of ideas; but Freud thinks it is unpsychological to ascribe such strongly affective products to the purely logical faculty of rationalization. He explains the transfer from F. to God, in the case of S., on affective rather than on logical grounds. This way of handling the problem brings one nearer to the very nucleus of the whole situation, as interpreted by Freud.

In the first place, the transfer occurs upon a single level,—that is, F. and God occupy, after a time, the same plane. This important

point is revealed incidentally by S., who overheard a conversation in which F. introduced himself as "God Flechsig." In other words, the persecutor splits into Flechsig and God, just as he had formerly split into "upper F." and "middle F." ; and just as God splits later into "upper" and "lower" God. In the course of time, this dissociation proceeds still farther; as has been mentioned. Incidentally Freud remarks that this process is characteristic of paranoia. Paranoia splits complexes just as hysteria condenses them; or, rather, it dissociates into their component elements those identifications or condensations which have previously been made by the subconscious.

Freud asks: Who is this God with whom the patient identifies Dr. F? This is the crucial point in the situation. Freud subjects the patient's relations to his God to a very searching analysis, and concludes that his notion of God is nothing more than a fanciful representation of his father. Indeed, the patient's father was a remarkable personality, a man who had played an important rôle in his day. But aside from that, one's childhood fancy always invests one's father with superhuman qualities. A child's deceased father is, to it, a God. Infants' phantasies are wrought together in mythical terms. Strange as this idea may seem to us, the deification of great men is not uncommon among primitive peoples. Even the Romans preserved, for many generations, the habit of deifying their deceased emperors as a mark of honor. It will be recalled that Emperor Vespasian, when he fell seriously ill for the first time, exclaimed: "I fear that I am about to become a God!"

The Freudian notion of the infant's relation to its father is well-known. It is one of rebellious opposition, born of jealousy, mixed with worshipful admiration, inspired by his unlimited powers,—exactly the attitude of S. to his God. With S. the fancy of turning into a woman is a rather typical formulation of the infantile complex and his struggle with F. stands, no doubt, for the well-known father complex.

One more point: Before a subconscious wish or phantasy breaks out, there must have been some keen denial or disappointment in real life, according to Freudian psychology. There was such a disappointment in the life of S.; and that probably had more to do with the outbreak of his insanity than had been suspected. His otherwise happy marital relations were marred only by the non-arrival of an heir. He longed for one very much. The supposition is, of course, that a boy would have proved a satisfactory surrogate for his deceased father or brother, and would have made possible the discharge of all his pent-up homosexual tenderness or love.

## 2. OSKAR PFISTER. *Hysterie und Mystik bei Margaretha Ebner (1291-1351).* *Zeitschr f. Psychoanalyse*, I., 1911, 468-485.

The author has chosen Margaretha Ebner, a thirteenth century religious mystic, for a study similar to that of the life of Graf Ludwig von Zinzendorf. (See this JOURNAL, xxii., 1911, 416-419.) He psychoanalyzes her life in detail and points out the intimate connections between her religious fervor, her devotion to Christ, and her suppressed sex impulses. The latter furnish the content, the former the form of a long series of interesting morbid phenomena. Thus, masked under religious self-abnegation, her libido phantasies center around the physical person of Christ and pass among the religious for commendable self-abnegation,—the sufferings of a hysterical female for the martyrdom of a saint.

Briefly related, the details of her life and the writer's findings

in his study of it, are as follows: She was born in 1291. Concerning the first twenty years of her life very little is known; but during her twentieth year she experienced hallucinations in which she heard God command her to follow him,—a fact which indicates strong internal conflicts. Soon afterwards, in February, 1312, she fell seriously ill; her own description of her sufferings leaves little doubt that this was a hysterical breakdown. From that day until the end of her life,—a period of forty years,—Margaretha Ebner was never free from the stigmata of illness. During her long invalidism she suffered a great deal. At times, her physical tortures seemed almost beyond human endurance. But her bodily sufferings were compensated by emotions of joy and happiness such as few mortals have ever experienced. Her chief religious work,—the "*Offenbarungen*," is essentially a continuous record of the primary and sublimated manifestations of her libido-phantasies, down to the year 1348. The ascetic restraints under which she lived her uneventful, contemplative life, only served to accentuate her morbid disposition. Hers was a true martyrdom of the flesh and spirit, though not of the kind imposed by the church, nor in the sense in which her memory has been sanctified by the pious.

Her concentration upon religion and her devotion to Christ, were so complete that few ties reminded her of the greater world outside; and in the course of time, she severed herself entirely from the world. She became estranged even from her own family, so that she was rather displeased when a sister visited her once at the cloister. Only toward Heinrich von Nordlingen, her confessor and admirer (probably also her junior in years), did she maintain cordial relations throughout her life. It was he, who, as her confessor, inflamed her soul with the desire to lead the secluded life of a nun, and to devote herself wholly to Christ. So well did he succeed that soon the pupil surpassed the teacher in self-abjuration. Her former spiritual leader and confessor turned into a humble admirer and follower of the pious nun, "*ir armer unwirdiger freund, ein clein wirmelein, ein suntlicher hinwurf aller gescheff.*"

Many details about her long illness are not recorded as accurately as might be desired. It is particularly unfortunate, for the purposes of a thorough analysis, that no data are at hand concerning her childhood; and no indications of her infantile repressions are obtainable. Then, too, the last years of her life are also shrouded in darkness. But it is known that her life in the cloister and her relations to Heinrich remained unchanged until the last; and it is almost certain that the condition of her health had not changed to any marked extent until shortly before her death in 1351.

From 1311, when she fell ill for the first time, until 1326, she remained half paralyzed, and had to be carried about. During the last thirteen years of this period, she was obliged to stay in bed half of the time. Her condition was so delicate, and her crises so severe that time and again her end was thought to be a matter of only a few minutes. So great were her sufferings that she often prayed that death might come as a relief to her sufferings.

Her astasia-abasia was intermittent. Through the intervention of divine grace she would frequently regain the use of her limbs. How long the relief lasted is not stated. Intense pain accompanied every attempt at motor activity. Her biography describes an attack of toothache and headache which lasted six weeks, during which time her head was so intensely painful that she could not bear to move it. She also experienced sharp pains in her heart. These were brought on by read-

ing of the sufferings of Jesus. The sorrowful look of the crucified Savior gave her "*ains innern smerzen in minan henden, as si mir erdent werent und zerzerret und durchbrochen wern, und want (cried) daz si mir imermer unnutze werent.*" In other words, she transferred to her self the supposed condition of the hands of the crucified Savior. She even felt that the skin and bones of her hands were stabbed, broken through and shaken with pain; and so violent were her sufferings that the sisters could hardly control her with their arms. She felt a most painful breaking in all her bones, particularly in the sides and back, as well as in the arms and legs; at the same time, she was almost completely overcome by a horrible sense of impending death.

Hyperesthesiae were common, and so intense that she could not bear to be touched on either body or limbs. The description of her "heart cramps" is very remarkable. It required the combined strength of several sisters to keep her under control. One would press under the sufferer's heart, while another would counterpress from behind, and the two would feel something alive turning under their hands,—a clear case of hysterical pregnancy. The woman's own description of her cramps suggests this diagnosis. She states that during her cramps she would swell "*als eine frawe diu groz mit cinem kinde gaut.*" The swelling also appeared on the face and hands.

One day, while contemplating the passions of Jesus, a light entered her eyes and from there suffused slowly through every part of her body. She was so charmed by the sensation that she could scarcely regain her breath. On another occasion, at supper, her mouth contracted suddenly so that she could not eat. Usually, after Easter, she passed for one to three days into a peculiar state, during which her body felt hot and cold alternately. Among the automatic morbid restraints to which she was subjected, her involuntary silences, alternating with involuntary cries, chiefly of the name of Jesus, are the most noteworthy. At first, she observed silences at regular periods as a part of her ascetic rules of conduct. But after a time they became involuntary. The same is true of her frequent fasts; she soon lost control of the situation here also. Usually the silence and the fasting occurred simultaneously.

The silences were accompanied by a feeling of heavenly joy and peace; but they were interrupted by agonies of pain and fits of weeping. At times, however, exactly the reverse was the case. During these periods of enforced silence she retained power only for prayer. The uncontrollable outcries which usually marked the close of her hysterical mutisms were pitiful to hear; they were brought on, as a rule, by a contemplation of the sufferings of Jesus. It is repeatedly stated that these outbreaks were induced by a contemplation of some phase of the life of Jesus, such as the passion. But Jesus was also the means of her experiencing "*sueszen herzenslust,*" and frequently the passage from pleasure to pain and back again was very sudden. These and other circumstances betray the erotic nature of the hysterical phenomena. Even the name of Jesus alone, if frequently repeated, was sufficient to fill her heart with an indescribable happiness. There was something even about her most acute sufferings which gave her ecstatic satisfaction, especially if witnesses were present, and if sympathy were aroused.

The nun's intellectual faculties were, of course, markedly influenced by her hysterical state. Quite frequently she experienced hallucinations, such as the filling of her heart with a light which overflowed and suffused into every part of the body. Gustatory hallucinations also were frequent. The name, Jesus, repeated during prayer, filled her mouth with sweetness; and for the sake of this divine taste she refused to partake of any sweet morsel of food. Nothing tasted so sweet to her as

the sacramental wafer; she could feel the blood and flesh of Jesus upon her tongue all day long. She would drink only water; it tasted so sweet to her that she wondered why people ever drank anything else. In the summer of 1347, while her body was hot and cold alternately and perspired freely, a taste sweet as sugar persisted in her mouth for several days; and for its sake she refused every drop of water. She lost all desire for food in 1334; and for thirty years she abstained from meat, fish and wine. During her frequent silences she was preoccupied with her inner self, and ate nothing.

Olfactory automatisms were rare, but tactile hallucinations very common and vivid. God always appeared to her as Jesus; indeed, she thought of her God solely as Jesus. Once while she was praying to God Jesus appeared for a kiss and an embrace, and grasped her by the heart. The sensation remained with her for a long time. One night, she was awakened by the child Jesus; and instinctively she pressed to her bare bosom the image of the child, which she always carried upon her person. Thereupon she experienced the carnal touch of his lips; and she was completely overcome by the feeling. At another time, she felt herself embraced and kissed by the child Jesus, when, with apparent irrelevance, she suddenly became quite anxious concerning his circumcision.

She lived in the world of her hallucinations so long that gradually all the ordinary innervations of her body became faint; and her corporeal sensations became so subdued that she thought she was floating or was being carried about.

Dreams, visions and inspirations played an important rôle in the life of this mystic. Many of these are described in her autobiographical records. She dreamed that her deceased sister showed her the portals of heaven and an empty stool which awaited her. Angels told her in a dream that Heinrich von Nördlingen was within her body. Notwithstanding the absurd implication of this dream, her belief in dreams was not shaken. The symbolism of these two dreams is easily apparent to one who is familiar with Freud's "*Traumdeutung*".

Most of her dreams were about Christ. In one of them, she saw his naked body, clear and transparent as glass. The vision filled her with a flood of sensations, whose erotic nature is but slightly masked. She thought the body was to be eaten. She saw herself in a dream bedecked with the wounds of Jesus. She saw the child Jesus at play in his cradle; he gave her no peace until she took him in her arms and kissed him; thereupon he embraced her neck, and returned her kiss.

Her attitude toward the cross is very significant. This emblem was a surrogate for the body of Christ. She kept a cross with her day and night; and by pressing it to her heart she could make herself supremely happy. She also carried upon her breast an open booklet containing an image of Christ which she always placed upon the pillow, under her face, before falling asleep. She furtively appropriated from the choir another cross of larger size. This she placed directly upon her heart. Her own cross reached from the throat down, "*und da lag ich denn gedruket uf bis daz ich enschließt in groszer gnad.*" She had a mania for large crosses. Once she had a strong desire to steal another still larger cross; but it hung too high in the choir, and she could not reach it. One night she dreamed that she was standing before the image of Christ; he came down and offered her his open heart to kiss, and his blood to drink. Once she heard the voice of Christ admonishing her to nurse him, and warning her that if she refused he would withdraw himself from her later when she would need him most. Obediently, she placed upon

her breast a figure of the child Jesus; and she was filled with happiness.

Margaretha maintained long conversations with the child Jesus, whom she regarded as her own child. She learned from him that Mary bore him with great joy, and suffered no bodily inconvenience; and that she was delivered without pain. She asked him whether it is true that Joseph wrapped his first-born in his trousers, and was answered in the affirmative. This ascetic nun was particularly anxious to learn everything about the boy's circumcision. She was told that the operation was painful, and that the child lost a great deal of blood on account of it; but this did not seem to satisfy her curiosity. Again and again she asked questions of Jesus, relating to this point. She also inquired into all details concerning Mary, the mother, and Mary Magdalene. Many of her questions were as pointed as they were sensuous.

One day she discovered, much to her distress, that she had forgotten the words of her paternoster,—a long prayer that she had composed for herself. The prayer recurred to her memory a week later, but slowly; the words sounded "new" to her ears, and it took her several weeks to relearn the whole prayer. This partial amnesia worried her a great deal; and to atone for it she learned numerous other prayers.

Jesus was her tender love; and, as he himself told her in a dream, he was the husband of her soul: "*ich bin ain gemahel diner seel.*" The Savior continually poured into her ears endearing words, erotic sentiments full of carnal significance. After the "sweet" name of Jesus had "sunk" into her heart for the fortieth time she could not so much as place her hand upon her breast without being overcome by a voluptuous sense which spread over her body and diffused into every part. Aware of the sensuous character of her imagined relations with Christ, she heard his seductive voice say to her: "*Ich bin nit ain berauber der sinne, ich bin ain derliuhter (illuminator) der sinne.*" A theological juggler of words would hold up this expression as a classic example of religious beauty and truth.

Her relations with Jesus were not only those of a lover. Through them she also gave vent to her motherly instincts. The child Jesus was her own child. In her hysterical pregnancies she called out his name repeatedly. His name was on her lips on every occasion; she was frequently awakened by him from sleep; she conversed with him; she nursed him at her breast; and she was at times frantic with desire to drink "*sin aller creftigostes minnenwallendez hailiges bluot.*"

The name Jesus, the images and the crosses play the rôle of surrogates for the body of Christ. As has been mentioned, nothing is known about her childhood; and hence, her infantile sex phantasies, repressions and acute psychic traumata are veiled in darkness. But even so, it is clear enough that her religious and hysterical idiosyncrasies are the outward manifestations of her repressed sex impulse. Her devotion to Christ, her saintly piety is the veil under which her erotic nature bursts forth with the pent-up force of a forbidden instinct. Her periodic infirmities, notably her astasia-abasia, set in under pleasurable emotions awakened in her by the presence of God, who always appeared to her in the person of Christ.

In the Freudian sense, an hysterical attack is the vicarious consummation of a sexual act. Margaretha's infirmities betray their erotic meaning and origin by the time at which they occur, no less than by their form and stigmata. Under the mask of religious ardor the mystical nun is better able to abandon herself to her libido phan-

tasies; and she can reach the orgasm better in a prone position. Thus her piety subserves the claims of her erotic nature. The spasmodic contracture of her jaws, to cite another example, occurs just at the time when she is about to take food from the hands of her friend, Heinrich. It indicates the conflict between him and her heavenly lover. Assured by the latter that her relations with him will not be changed by her acceptance of food from the former, her sudden contracture is relieved, and she can eat. Her disgust for food appears only after the food passes through the laryngeal region and into the region of the heart, possibly because it there disturbs the feeling of sweetness and happiness, in the same way in which she feels that ordinary sweets would rob her mouth of the sweet taste of Christ.

The failing of her voice marked the highest crest of her erotic crisis. It set in after some hours of crying, representing sexual indulgences; and she herself compared the hoarseness and the increase of pain, by which it was attended, with the breaking through the ceiling of the flames which had smouldered below; or with the brewing of grape juice which requires a vent before the product may be stilled.

Many of her symptoms are phenomena of identification with her lover: the pains in the heart; the emotional outburst at the reading of the passion story or at the singing of a hymn (*Vexilla Regis*); the broken limbs and body; the characteristic pain in the palms of the hands. In the same way it is suggested that the hypersensitivity, which rendered painful even the slight touch upon her body or limbs, symbolized the Savior's request that Mary Magdalene should not touch him. Her most painful hysterical attack, during which she felt all her bones breaking, and had a strong sense of impending death, occurred on a Good Friday. It represented Christ's sufferings upon the cross. The loss of general bodily sensitivity and the delusion of gliding through space suggest the Ascension of Christ. Even his burial and his lying in the sepulchre were duplicated in her illness, usually after Easter, when for two or three days her body felt hot and cold alternately. Her periods of silence, like the involuntary outcries with which they were usually terminated, bear the marks of their erotic origin in their direct association with the person of Christ. Her visions and her inspirations confirm, in numerous ways, the dual relation of lover and mother which this nun assumed toward Christ.

Many of Margaretha's hysterical phenomena are of a homosexual character; for instance, the orgasm she experienced during the phantasy in which she was sucking "the sweet breasts" of Jesus. She also ascribed to her divine lover a number of female characteristics,—another homosexual trait. It has been pointed out by Freud that the blending of fantasies and wishes which are characteristic of the two sexes are not uncommon in hystericals. And this appears to be true in this instance. There is also an intricate blending of sadistic and masochistic traits in her sexuality. In fact, the polarization of the polymorphous sexual instincts is well-marked in this patient, where, however, the masochistic elements predominate.

When the anarchic whirlwind of antagonistic sex impulses breaks out quite suddenly, Margaretha Ebner becomes a wreck, and her life becomes a long martyrdom. The instincts of womanhood and motherhood had been misunderstood and had been repressed; they break out with pent-up fury and reappear, like the spirits of the barbarian heroes who had been slain in battle, to wage another and

more terrible war. Instead of being taught to recognize and to sublimate their libido into ethically desirable cultural achievements, people are taught to ignore it or to suppress it or to be ashamed of this portion of their racial heritage. The life of Margaretha Ebner, like that of many other religious mystics, fanatics, martyrs and saints, stands out as an example of one of the consequences to which the suppression may lead.

3. S. F. FERENCZI. Anatole France als Analytiker. *Zentralblatt f. Psychoanalyse*, 1, 1911. 461-467.

The author points out that Anatole France was as keen a connoisseur of the morbid mind as he was of healthy characters. This gifted French writer usually expressed his psychological views through the medium of the conversations of his literary creations, such as the gentle Abbé Coignard, the genial Monsieur Bergeret, etc. But a *feuilleton* published in the Paris *Temps*, in 1887, describes more directly the views which France held upon the topic of psychiatry. Apart from certain vagaries which are perhaps permissible to one who writes from a literary rather than from a scientific point of view, this paper demonstrates that France's views concerning functional psychosis are very closely akin to those of the modern psychoanalyst. This is shown again, although somewhat more indirectly, in many other passages throughout his literary works. Some of these passages antedate the Freudian literature, and all of them are independent of the Freudian school,—so that, in a certain sense, the new psychological movement may claim him as an illustrious predecessor in the field of *belles lettres*. In this paper France describes a case he had known in childhood, which illustrates the mechanism of psychic repression and its relation to circumscribed amnesia; this shows that France was fully aware of these psychic processes in 1887. The case in question is that of a learned gentleman, a kind-hearted soul, a scholar of high attainments, whose mind was shaken by the drowning of his twenty-year-old only son. His morbid state manifested itself thereafter only in a certain peculiarity of dress. The patient wore a coat of sack-cloth. He presented such a novel appearance that children followed him upon the streets; but his mild demeanor combined with the suggestion of leonine strength in his superb physique always enabled him to keep them at a respectful distance. His first thought upon entering a house was to drape his coat of sack-cloth over the back of a chair with his hat and cane in such fashion as to suggest the figure of a man. He would then examine the figure from a distance, as one might look at a long-lost friend, correct its appearance by re-adjusting the hat or the coat; and when satisfied with the result of his effort, he would leave the figure and devote his undivided attention to his hosts and their other guests. He was wholly rational and his conversation was quite as interesting as it had been before the time when he became obsessed by his idiosyncrasy. His memory was especially good; yet he never spoke of the drowning of his boy. Nor did he even so much as refer to the incident; this great misfortune seemed to have lapsed entirely from his memory.

For twenty years he lived this eccentric life. But one day his neighbors were surprised to see him without his customary coat. He had discarded it, and appeared among his usual haunts clad in an ordinary suit of clothes. It was noted that his disposition had likewise undergone a change. The poor old man had become suddenly

quiet, timorous and sad. The few words he spoke betrayed internal unrest. Bluish spots appeared upon his cheeks; his lips were dark and hung heavily. He refused to eat. A few days afterwards he mentioned his son's name, for the first time since the catastrophe. And the next day he was found, strangled to death, in his room.

So keen an observer of human nature as France did not fail to note the many interesting peculiarities of paranoiacs. It appears that he had a clear insight into their mental mechanism, as is shown by his essay on "Fools in Literature," and by his penetrating analysis of de Maupassant's short stories.

A passage in one of his own short stories, "*Le manuscrit d'un médecin de village*," contains a bit of self-analysis by the hero of the story, which would do honor to a trained psychoanalyst.

The incident is as follows: The village physician is called in to see Eloi, a neighbor's child, whose bright intellect he had admired. In fact, the physician, a typical country practitioner of the old school, felt a keen personal interest in his patients who were at the same time his neighbors and friends. He had remained unmarried, and all the tenderness of his emotional nature went out to his patients. He divided his time between them and his grape vines, in whose growth he took an especial pride. He had been in the act of pruning his vines when he received the call. Straight-way he went to the boy's bedside; and he was very much distressed to find that the little patient was suffering from an attack of meningitis. At the same time he felt a remarkable change in himself. It appeared to him that the child was afar off, so far, indeed, as to appear ridiculously small. Yet it seemed that he had been at the bedside for a long time, as though weeks and months had elapsed since he had been called in.

"I endeavored, as usual," says the hero of the story, "to examine these unusual impressions at once; and I soon saw how the situation came about. I loved little Eloi. To find him, unexpectedly, so seriously ill,—I simply could not bear it. Painful moments appear to us to be fearfully long drawn out. That is the reason why the five or six minutes I stood at Eloi's bedside made such an impression of eternity upon me. As for the vision in which the child appeared to me so far away, it came from the thought that I must lose him. This thought which had formed itself in my mind without any coöperation on my own part, had, from the first, the appearance of absolute certainty."

Other passages from his writings show that Anatole France was as intimately acquainted with the rôle of infantile sex phantasies and repressions in the life of the people as with that of the mechanism of the subconscious.

4. OTTO RANK. Das Verlieren als Symptomhandlung. *Zentralblatt f. Psychoanalyse*, I., 1911. 450-460.

In his "*Psychopathologie des Alltagslebens*," Freud has pointed out that the loss of objects is a symptom which betrays a secret indifference or dislike either for the object or for the person from whom it is obtained or with whom its possession is intimately connected in the mind of the loser. The loss of valuable objects may have one of several meanings of a similar nature. It may express symbolically a repressed wish,—thus serving as a reminder of something pleasurable,—but more frequently it represents a sacrifice to the dark powers of fate, a form of barbaric worship which is not yet dead in our midst.

The present contribution consists of a somewhat detailed analysis of a case in which a girl's loss of various trinkets,—gifts from her betrothed,—illustrates a number of unconscious motivations in the Freudian sense.

5. ALBERT MOHL. Berühmte Homosexuelle. *Grenzfragen des Nerven- und Seelenlebens*, LXXV., 1910. Pp. 80.

The theory that homosexuality is a basal impulse, genetically older than heterosexuality,—together with its corollary that our life is a continuous oscillation between the two instincts,—forms so important a feature of Freudian psychology that a work such as the present, recording with much care the homosexual traits in the life of important personalities of both sexes, is of particular interest to it.

The author refrains from suggesting a psychological explanation of homosexual phenomena. The purpose of his work is rather to describe and to trace the homosexual impulse wherever it shows itself in the records pertaining to the life histories of representative people. This the author has done conscientiously; and he has furnished psychoanalysts with an excellent work of reference.

Mohl holds that the homosexual impulse, even when present in a fairly developed form, does not necessarily lead to nor imply the need of its satisfaction *per viam sexualem*. Accordingly he is disposed to regard such tender friendships as have marked the lives of many excellent men and women, particularly during their adulthood and later years, as longings which are essentially homosexual in their nature. Freudians will doubtless agree with the author in accepting this position. It is assumed, of course, that, for the most part, these subjects were entirely ignorant of the true nature of their tender regard for persons of their own sex. Various writers have traced many of the manifestations of puberty to homosexual tendencies. The present author emphasizes this homosexual origin. He holds, however, that persons who leave such puberty traits behind them in their subsequent development should not be classified among homosexuals. The psychoanalytical view would urge, not that such persons have ceased to be homosexuals, but that their homosexual impulses have been directed into new channels and sublimated into useful activities.

6. H. BERTSCHLINGER. Heilungsvorgänge bei Schizophrenen. *Allgem. Zeitschr. f. Psychiatrie*, LXVIII., 1911, 209-222.

Dementia praecox may be regarded as being due to the penetration of the subconscious into the conscious sphere of psychic activity. In the healthy person the wishes, instincts and phantasies of the subconscious are held in check. A reduction in the tone of repression may be brought about in a number of ways. Such a reduction is not necessarily a symptom of morbidity; it may occur in a healthy individual, where too the subconscious may emerge, in a moderate degree, as indeed it frequently emerges during exhaustion, during day dreams and especially during sleep. Uncongenial occupation, strong emotional conflicts, excessive repression at critical periods of life,—all of these are conditions which may be responsible for a complete mental breakdown.

Analysis shows that ordinarily the morbid manifestations represent reactions which are due to the subject's unfulfilled or unattainable wishes. Sometimes these wishes are masked under opposite sentiments; at other times they appear in their genuine form, perhaps as attainments which are for the patient as fully endowed with the character of reality as are any of his experiences. The specific symptoms are, in

every case, due to the patient's mode of reaction to the new situation. The course of the disease further discloses a definite series of adjustments whereby the subject endeavors to rationalize his new system of thoughts. The symptoms vary, therefore, with the mode of onset of the breakdown; and the nature of the adjustment that ensues directs the course of the disease.

The adjustment marks the beginning of the recovery,—which latter may come about in various ways. It may result from belated sublimation. Or it may be the effect of a more or less violent process of desymbolization in which either the incongruous mass of subconsciously derived thoughts is brought into accord with the facts of external reality, or the latter are brought into agreement with the former. Again the cure may be effected by means of a "transfer of the complex," although this course more frequently leads to nothing better than a temporary improvement.

Conversions into bodily symptoms are common in hysteria. They are phenomena of adjustment. The author gives the history of four highly instructive cases to illustrate this process in detail.

Sometimes patients evade the complex by suddenly breaking away, as it were, from their morbid system of thoughts. Such patients usually pass into a catatonic state of semi-consciousness, out of which they emerge once more capable of living in the world of reality. The period of illness is encapsulated in a circumscribed amnesia,—the patient's mind reverting back to the time preceding the disease. Several examples of this condition are cited by the author as illustrations.

Occasionally a sudden change in the patient's surroundings, or some striking mental incident may have the effect of arousing the patient, as from a slumber, to a realization of his former self.

Desymbolization has been mentioned as a curative agent. The subject either interprets his world of reality in terms of his morbid fancy; or he readjusts the two by translating the world of his fancy into terms of external experience. A harmless and, at times, insignificant symbol may stand for the fulfilment of the subject's morbid wish, as is the case in dreams.

Of particular interest are the author's descriptions of certain patients who manifested symptoms of paranoidal character, in which their efforts at psychical readjustment were followed by cure. These were, for the most part, highly intelligent patients, not over thirty years of age at the time of their breakdown. Two of them, in particular, showed strong though comparatively recent complexes. The author believes that generally where the outbreak centers around recent complexes, no matter how far back the string of complexes may lead one afterwards, the chances of complete cure are greater than where the condition is directly traceable to very early suppressions.

These are, briefly, the theoretical considerations advanced by the author. The histories of the clinical cases which form the basis of his contribution are very instructive, especially because the clinical material is handled conscientiously. At no point does the author display any desire to force his conclusions or to read far-fetched interpretations into his records. On the contrary, he shows a degree of moderation and reserve which is unusual in these days of zealous partisanship. He does not claim, for instance, that he has gone to the bottom of his cases. He believes we still have much to learn about these conditions before we can understand their etiology or the actual mechanism of their cure. For these reasons he is not disposed to attach too much importance to the therapeutic effect of his intervention, even in those cases where cures were effected.

7. S. FREUD. Formulierung ueber die zwei Prinzipien des psychischen Geschehens. *Sonderabdruck aus dem Jahrbuch für psychoanalytische und psychopathologische Forschungen*, III., 1911, 1-8.

It is probable that every neurosis tends to draw the patient away from the world of reality. This fact was recognized long ago by Janet, who speaks of the loss "*de la fonction du réel*," as a characteristic of neurotics. The Freudian conception throws a flood of light upon the nature, the mechanism and the meaning of this withdrawal.

The neurotic is an individual who is at war with reality: he turns away from it,—at least from that part of it which becomes unbearable to him. Incidents which have brought about hallucinatory psychoses are denied by the patient, who would thus avoid facing the phases of reality which are most unpleasant or painful to him. The Freudian psychology shows by means of psychoanalysis that the unconscious mental processes furnish both the mechanism for withdrawal, and the new world into which the patient retreats. The subconscious represents the older or primary phase of psychic activity; it is a world which is governed wholly by the principle of pleasure-pain. The processes of the subconscious are evolved in a fashion which insures the acquisition of pleasure and the avoidance of pain. Any elements which are capable of arousing algedonic feelings are suppressed. This suppression is carried out fully in the world of phantasy or of dreams, where there is no conflict with reality. It is also attempted in the waking state, which also is dominated by the pleasure-pain principle. But here the suppression often leads to conflicts out of which the individual may not escape unhurt; and we have, as a result, the various forms of psychoses, from the mildest to the most severe disturbances of personality.

The notion that our state of mental tranquility is disturbed first "*durch die gebieterischen Erforderungen der inneren Bedürfnisse*," was worked out by Freud in his "*Traumdeutung*." In the realm of the subconscious the wish is "*halluzinatorisch gesetzt*," as happens daily in our dream thoughts. In the world of reality the expected wish is not fulfilled; repeated disappointments lead to an abandonment of the habit. The hallucinatory road being abandoned, the psychical mechanism now faces, instead, the real conditions in the external world. A new principle of psychic activity is thus introduced, one which is destined to play a preponderant rôle in the activity of rational life. No longer is only that represented which is desirable, but all that is real, even if it be unpleasant.

It may be argued that this schematic division of psychical activity into a period of eutistic satisfaction of the hedonic impulse (to use a word coined by Bleuler) which precedes the period of rational or conscious mental life such as we know it, appears too schematic to be a true representation of facts. Freud himself realizes the daring position he takes here; and in a footnote he endeavors to justify it by quoting some well-known biological facts which seem to render such a view less fanciful,—the embryo of birds, for instance, represents a psychic system such as is here postulated by Freud. Indeed, the psychic mechanism of a bird during the embryonic period, simple as it is, represents an ideal of eutistic life; shut off from the external world, it receives nothing from it except the warmth from the mother's body. It is not dependent upon that world for its food supply,—the prime lever which moves the whole organic world to adjust itself with external nature.

The human nursling may also be said to live in a world of fancy of its own, and to represent such a psychic organization in which wish

and fulfilment succeed each other without the intervention of a harsh external world which demands adjustments and consequent curtailment of wishes.

In its earliest stage, the child probably dreams of the satisfaction of its needs, which are chiefly nutritive, and although it expresses its wants through motor activity, it attains the dreamed-of satisfaction probably without recognizing at first that its motor activity, such as crying, movement of the limbs, etc., is the means by which it attains the fulfilment of its needs. Reality breaks through into the psychic sphere of activity and there becomes a motivating factor of the greatest significance to the life of the individual. Of course the psychic awakening which leads to adjustment with reality is a gradual one; it is attained through a series of gradual adaptations, the particular stages of which are yet to be worked out.

The increasing significance of the external reality accentuates the function of the organs of special sense; the special senses are called into being in response to the organism's need to adapt itself more adequately to the external world. That portion of consciousness which is devoted to an elaboration of the data derived through the senses, in addition to the pleasure-pain categories of thought which dominate it, becomes acquainted also with sense-qualities.

Gradually there is also being established a special function, namely that of attention,—by means of which the external world is periodically explored for data which may be available for the satisfaction of internal needs. "*Diese Tätigkeit*," says Freud, "*geht den Sinnesindrücken entgegen, anstatt ihr Aufreten abzuwarten.*" The data which accumulate through this periodic activity of consciousness require some means of preservation; and thus there arises a system of mental markings,—the rudiments of what we call memory. The motor discharge serves to unload the stimuli which accumulate rapidly in the psychic mechanism. At first it serves this purpose through more or less purposeless innervations which are directed inward. But this power is soon turned into utilitarian channels outward, into activities; and, by this means, perceptions of reality are turned to purposive ends.

Thus the maintenance of the motor discharge, or activity (purposeless at first, but soon turned into useful channels), leads to the development of all the higher processes of thought; the material for them is furnished by the continuously accumulating mental representations. At first, thinking was probably a subconscious process only,—at least so long as this function limited itself merely to the relations of the objects which enter into the formation of mental images. It acquires the qualities that lift or "transfer" it to the plane of consciousness "*erst durch die Bindung auf die Wortreste.*"

The establishment of the principle of reality does not engage the whole psychic field. There remains somewhere in the psychic mechanism a virgin corner into which reality may not protrude, a distinctly circumscribed field subject only to hedonic motivation. Just as a nation whose wealth accrues chiefly from agriculture reserves a portion of its land in virgin state, so the original psychic function of dream-weaving, which begins with play in children, persists throughout adult life in the form of day dreams. This common tendency of our mental mechanism, Freud calls "*das oekonomische Prinzip der Aufwander-sparniss.*"

It should not be understood that the transfer from the subconscious to the conscious, and the psychic consequences of this change, occur at one time, or very suddenly, or even in any definite order. The sex

impulses follow a path of their own, characterized by what Freud calls autoerotism and latency.

By the former term Freud refers to the assumption, apparently so vital to psychoanalytical theory, that the sex impulses are at first satisfied auto-somatically (*am eigenen Leib*), and therefore do not appear in the category of the suppressions (*Versagungen*) which are created by the break of reality into the psychic mechanism, as do other wish-dreams. "Latency" refers to the well-known fact that the sex impulses find no outlet before puberty. Until that time they remain under the control of the subconscious (pleasure principle); indeed, in many individuals, sex never escapes from that control.

The peculiar position which the sex sphere of activity occupies with reference to the subconscious domain, with its pleasure motivation on the one hand and with reference to reality on the other, establishes for us a closer relation between the two worlds in which we live and move and have our being, than is recognized by genetic psychology at present. To the psychoanalyst these relations are of capital importance not only for the disentanglement of neurotic disturbances, but also for the understanding of the mental processes of the healthy person. The suppression remains all-powerful in the domain of phantasy. It stifles, for instance, all mental images, *in statu nascendi*, if their establishment in consciousness is likely to be attended by painful experiences. The sex impulse may be kept back from adjustment with reality so long that the retention becomes a fertile ground for the subsequent sprouting of various neurotic disturbances.

There is of course a close parallelism between the pleasure-seeking self and the conscious self. They strive for the same ends,—the former in the contemplative world of wishes, the latter in the active world of reality. Employing terms appropriate for each sphere we may say that the pleasure-seeking self conjures up pleasurable wish-fulfilments and avoids painful ones; the conscious self strives for useful acts and against painful ones. The one is a world of action, the other of phantasy; but the ruling principle is the same in both. Thus, viewed broadly, the change from the contemplative or subconscious world to the active, real world involves no degradation of the hedonic principle. Only its terms of expression, its modalities differ in the two regions. A pleasure of limited duration and of uncertain effect is renounced in the one world in favor of another to be obtained later in new terms, in the other world.

The endo-psychic impression of this transfer has been so strong that it has been symbolized in a special religious myth. Freud regards the story of another world as the mythical projection of this psychic transfer. This transfer does not mean a conquest. Religions have not succeeded in conquering the hedonic principle, which, according to this view, is basal to life; they have only changed its terms of expression.

Education may be viewed as a systematic attempt to conquer the pleasure-seeking self,—to aid in its replacement by the conscious self. The love of the educators should be held forth as the prize to be won; education must fail when children are allowed to feel that they cannot, under any circumstances, lose the love of their elders. Art blends the two principles in a peculiar manner. The artist is a man who at first turns away from reality because he is not in sympathy with its demand that pleasurable instincts shall be renounced; he is an individual who finds means to express his erotic and egotistic wishes in the world of phantasy. From this world of phantasy he finds his way back into the world of reality because, thanks to his special gifts, he moulds his phantasies into forms which are appraised by men as precious repre-

sentations of reality. The artist thus becomes the Hero, King, Creator, Darling, that he wished to become, "*ohne den gewaltigen Umweg über die wirkliche Veränderung der Aussenwelt anzuschlagen.*"

He accomplishes his aim only because all other people share with him the dissatisfaction which prompts him to artistic utterance,—in other words, because the dissatisfaction caused by the inhibition of the subconscious domain, through the invasion of the conscious self, is itself a part of reality.

While the self transfers from the subconscious plane to the plane of reality, the sex impulses pass from primitive auto-eroticism, through various intermediary stages, to personal love, which leads ultimately to the exercise of the reproductive function. This developmental process may be inhibited at any of its stages; and the point of retardation is where the foundation is laid for the development of neuro-pathogenic disturbances.

8. OSKAR PFISTER. Die psychologische Enträtselung der religiösen Glossolalie und der automatischen Kryptographie. *Sonderabdruck aus dem Jahrbuch f. psychoanalytische und psychopathologische Forschungen*, III., 1911, 427-466.

The so-called gift of tongues, for a long time the concern of the theologian because of the connection of the phenomenon with primitive Christianity, has recently become the subject of scientific research. The bibliography appended to Feine's article, "*Zungenrede*," in the *Theologische Realenzyklopädie für Theologie und Kirche* while not exhaustive, is sufficiently lengthy to impress one with the amount of work that has been done upon the subject.

But notwithstanding the labor which has been devoted to this topic, we possess as yet no satisfactory psychical analysis of the phenomenon. The studies are mostly speculative, and rather abstract, because their authors have had little or no opportunity to study the phenomenon by direct observation. F. Godet's assumption that "*die Glossolalie ist ein Mittelding zwischen Gesang und Wort, ähnlich dem was wir ein Rezitativ nennen*" is as appropriate as any view that has been proposed thus far; but the actual explanation of the mechanism of glossolalia remains as obscure as ever.

The latest work on the subject (E. Mosiman's "*Das Zungenreden geschichtlich und psychologisch untersucht*," Tübingen, Siebeck, 1911) gives a fairly thorough résumé of previous studies and adds some very suggestive observations. But the latter are based upon impressions gathered rather loosely at meetings of the "gifted-with-tongues;" and hence the author's generalizations lack substantial documentation. The gift of tongues is for Mosiman "*eine Äußerung der Gedanken und der Gefühle durch die Sprachorgane, die temporär unter der Herrschaft der reflexiven Nervenzentren stehen, und die besonderen Formen sind hauptsächlich der Suggestion, die grossenteils aus einer buchstüblicher Auslegung des Neuen Testaments entsteht, zuzuschreiben.*" In the dissociation of consciousness which is brought about by the strong suggestion prevalent at revival meetings, "*vorgestellte Bewegungen zu verwirklichen*," he sees a satisfactory means of explaining religious ecstatic outbreaks, including glossolalia. But this explanation is far from satisfactory. What we need is a systematic study of particular glossolalic phenomena: Only when the results of such an investigation constitute the basis of our comprehensive generalizations may we hope to learn something of real value concerning the psychical mechanism of the phenomenon in question.

It is therefore fortunate that the author of the present contri-

bution has had an opportunity to make a study of cases of the phenomenon. These cases, about six in number, were subjected to psychoanalytical treatment; and the results appear to be a strong confirmation of the Freudian theory, from an unexpected quarter. Here at least we find actual proofs to support the generalizations made and conclusions drawn.<sup>1</sup>

Only one of the cases studied is fully reported in this paper. The patient, Simon, was twenty-four years of age at the time of the analysis (1910); he was the eldest child of ignorant parents. His mother had experienced conversion when the boy was six years of age. The child was very pious; he visited the sick in the village and prayed with them. At school he was rather clever in some subjects, particularly in German; but in the higher grades he experienced considerable difficulty in his French, and in certain other subjects. For this reason, the boy was transferred to a lower grade, and he soon became the butt of the jokes and pranks of the younger boys. They called him "*Stundlippfarrer*," on account of his religious mien; and humiliated him in numerous other ways. From the age of fourteen to within two years of the time of examination he was employed regularly in a silk mill, where he advanced from one position to another in due course of time. He had acquaintances among members of different religious sects, but in his sixteenth year, he joined the *Gemeindepfarrer*. He submitted to confirmation one year later. Eight weeks after confirmation, he listened to a pentecostal sermon which impressed him very much; and he also read the passion story of the apostles. Soon afterward while praying fervently, he was surprised to find himself speaking in an unintelligible language. At once it occurred to him that this was the biblical gift of tongues. During the following week he set himself assiduously to the task of exercising his new accomplishment. He also had a very clear hallucinatory vision of the Holy City and at another time, of the Devil; and he heard voices commanding him to do various things.

Upon examination it was an easy task for the analyst to clear up the meaning of these hallucinations because they were nothing more than symbolic representations of the subject's wishes, and convenient means to mask his erotic impulses. The same is true of the religious inspiration experienced by the subject.

But more interesting and wholly novel is the author's analysis of the new language or "tongue." The words of the new tongue were uttered by the subject while fully conscious, and without any special preparation. They fell rapidly from his lips, and were repeated and recorded by the author. This seemingly incongruous mass of nonsense words, when analyzed word by word in the usual Freudian fashion, cleared up as readily as the visual and aural hallucinations; and like the latter they symbolized a long series of wishes and morbid suppressions. Each word, when subsequently repeated to the patient during the course of the examination, aroused half-forgotten memories of childhood, intimate thoughts and wishes, and unpleasant remembrances which the patient had long sought to repress. The results of a number of these examinations were strikingly uniform. Erotic and other phantasies which centered around his former experiences were found to be intermingled, and to break out under the symbolism of hidden phrases. These were, for the most part, distorted words with which the experiences of childhood were in-

<sup>1</sup> Emil Lombard's "*De la glossolalie chez les premiers chrétiens et des phénomènes similaires.*" Paris, 1910.

timately associated. These distorted forms constituted more appropriate symbols, and furnished the semblance of a foreign tongue. In view of the patient's life history and religious experiences, together with his firm belief in his "gift of tongues," it is not surprising that his malady assumed the form of glossolalia.

9. M. WULFF. Beiträge zur infantilen Sexualität. *Zentralblatt f. Psychoanalyse*, II., 1911, 6-17.

Psychoanalysis takes the view that our belief in the child's asexuality belongs to the realm of myths, together with the doctrine of man's primeval innocence and subsequent fall. Sex is not something that comes into play only at puberty. On the contrary, it is present in one form or another from the moment of birth, and it plays an important rôle in every phase of life.

The sex impulse, such as we know it in the adult, is a complex instinct, whose constituent elements undergo a very remarkable evolution during childhood. Only some of these primary elements culminate in the ripening of sex powers at puberty, thus leading to the preservation of the race through the exercise of the reproductive functions; others are directed into various other channels, where they furnish the psychical motive for the production of socially useful activities.

Some of these particular elements which constitute the instinct of sex may be traced as far back as the very first few months of existence. They arise, in fact, in connection with the functions which are basal to life. They are intimately associated, if not identical with, the pleasurable feelings which attend the processes of nutrition, secretion and excretion. The pleasurable sensations aroused about the erogenous zones, mouth, genitalia, etc., during food-taking and excretion are transferred from the infant's own body to external objects, whose contact with these zones is thus capable of arousing the corresponding feelings of pleasure. The signs of this transfer are very numerous in the nursing child. It turns to the nurse or mother as the source of its euphoric satisfaction; the child at the breast is, in fact, not aware at first of any break between itself and the body that nourishes it. That many children cannot be quieted unless they are taken to the breast by their mothers, even when they are not hungry, and after they have been weaned, is a matter of common observation. The warmth of the mother's body, the touch of her warm, soft breast with the infant's hands and lips create a pleasurable sensation. Acquired incidentally, in connection with the satisfaction of the sense of hunger, this pleasure is now craved by the infant for its own sake. It becomes restless and unhappy when deprived of it, even when it has no desire for food. Cases of very small children feigning illness so as to be taken to their mother's breast, after they have learned by experience that they are especially petted when ill, illustrate, perhaps, in a most simple and primitive way how hysterical conditions and similar neurotic phenomena develop around erotic wishes.

The universal over-indulgence of children in tid-bits shows that the intimate relations between libido and the instinct of nutrition persist. In later years the use of alcohol and tobacco replaces this habit in the male; but with woman the love of dainties and tid-bits becomes even greater, and may amount to a passion. The latter may also be the case with adults of both sexes who have remained unsatisfied sexually, and is quite frequently observed in persons who have passed the climacteric period. The intimate relations between the instincts

of nutrition and of sex are richly illustrated in neuroses, psychoses and dreams.

The author joins the extremists who maintain that infantile masturbation is a physiological habit whose function is to develop the external urogenital apparatus into a special sex organ. It arises in infants at a very early period through the sensations around the anal and urethral regions, associated with the functional activity of these parts. The instinct of masturbation is as strong in the infant as it is universal; but it diminishes gradually until about the third year; between the third and the fourth years there is a steep upward swing of the instinct. This is probably the most critical period for the child in every respect, because it is at this time that he is first introduced to the requirements of culture and civilisation; and the infantile impulses and wishes are now repressed by training. The child learns to follow the dictates of the external world more, and those of its own nature less. It cannot have everything that it wishes; and some things in the world, it learns, are not even mentionable. Deeply rooted wishes and phantasies are thus repressed into the subconscious at this critical time in the child's life, and the foundation is laid for the subsequent development of various psychoses and neuroses. Indeed, the first neurotic symptoms which result from the repression,—night frights, urinary incontinence, phobias, and the like.—make their appearance soon afterwards. Infantile amnesia plays a great rôle in later life when the encysted psychic elements break through into the conscious.

The author illustrates these points by briefly citing a few cases of children. Their precocious interest in and their development of sex feelings were perhaps not unusual; but this only adds significance to the author's remark that the child's proneness to onanism is physiological rather than pathological.

10. JAN NELKEN. Ueber schizophrene Wortzerlegungen, *Zentralblatt f. Psychoanalyse*, II., 1911, 1-5.

The psychogenetic meaning of glossosynthesis is an obscure topic of modern psychiatry. The phenomenon is not uncommon. It is frequently recognized in connection with paranoia as consisting in the formation of neologisms. In dementia praecox the glossosynthetic faculty leads to the formation of nonsense-words,—the *Sprachverwirrtheit* of Kraepelin. Although many writers have observed that certain types of insane patients tend to form new words, this symptom remained without an explanation until it was taken up by the psychoanalytical school. In his well-known analysis of a case of paranoid dementia with incoherence of speech, Jung has shown that the patient's apparently senseless stereotyped expressions contained a deep meaning. In the same way, the secondary language of a schizophrenic patient was analyzed by Maeder; and Sachs has also discussed the subject. But above all, the path for all such investigations has been laid down by Freud's own observations on the mechanism of the formation of new words in dreams (*Traumdeutung*), in wit (*Der Witz*), and in the lapses of the daily life (*Psychopathologie des Alltagslebens*).

These studies tend to prove that Kraepelin's surmise that "bisweilen man bie den Wortbildungungen sehr deutlich den Einfluss der bestimmten Vorstellungskreise erkennen kann" is not only justified, but that the newly-formed words always relate to the morbid complex of thoughts and may be the means of disclosing its mechanism.

The present contribution deals not with word-formation, but with its opposite, word-splitting and word-derivation by the insane. It is interesting to find that the results obtained in the study of the former phenomenon are confirmed and counterchecked by the results obtained in the latter, thus showing that the psychogenetic mechanism is similar in the two cases.

The author examined a schizophrenic patient who had formed the habit of splitting words in a wholly arbitrary fashion, and of attaching novel meanings to his verbal fragments. Psychoanalysis revealed the fact that the new words attained their meanings symbolically through the medium of the subconscious; there was no discoverable relation, in the patient's consciousness, between the words and their meanings. His insane thoughts revolved chiefly around incest phantasies. Early in the course of his disease he had evolved for himself a grotesque theory concerning the origin of seminal fluid, as a vicarious representation of the incestuous thoughts which he entertained towards his mother and sister. In his insane phantasies he fought against his father who appeared in the form of a goat with the head of an ox. His mother was the queen of heaven, and appeared under different earthly forms, while he, himself, was a primordial god who had fallen from his high estate because he had been seduced by his own daughter. During his frequent warfare the heavenly queen was sometimes on his side, sometimes on the side of the enemy which was led by his father. These conflicts are reflected in the patient's analysis of words. A few examples follow:

I. Milz = Mehl (Flour) + z;

*z* = last letter; the end.

Mehl = Korn = Corps + n = 2 parallel lines = mating.

Korn = Horn = männliche Rute = Samen

Conclusion: *Spleen is a seminal organ.*

II. The identification of his mother with the queen of heaven suggested to the patient that he should turn to Catholicism. He wrote a letter to the Pope, begging to be taken to the morning service.

Morgengottesdienst

Mor = 1. Rome (reversed);

2. Mohr = black = devil;

gen = gehen;

Gottesdienst = Gott es dient;

Dienst = die + n + s + t;

n = two parallel lines = marriage = my wife and I

s = snake = woman = wife

t = T = Armburst = Pfeil = Amor = Liebe oder Tod

Conclusion: *Der Jungfrau Maria, der Mutter Gottes zu dienen oder dem Teufel zu verfallen.*

This is a sample of the evidence upon which the author bases his conclusion that the tendency of schizophrenics, in their play upon words, is to attach meanings which are suggestive of their inner conflicts to apparently neutral words. Word-formation and word-splitting are a sort of auto-psychanalysis; they may furnish the careful psychologist with an insight into the nature of the complexes which constitute the basis of the disorder.